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COMBINED DECL	ADAMION		
APPLICATION WI	ARATION FOR UTILITY TH POWER OF ATTORY	OR DESIGN PATENT	ATTORNEY'S DOCKEY PU4727-1
	. == 111 % 0.20	,	First Named Inventor: BUXTON
() Declaration submitted with in	·		Complete if known:
() Declaration submitted afte	er initial filing (surcharge required 37CF	R1.16(e))	Filing Date
			Group Art Unit:
As below nar	med inventor. I hereby declare that:		
My residence, post off	fice address and citizenship are as stated	below next to my name.	
I believe I am the orig	inal, first and sole inventor (if only one below) of the subject matter which is c		rst and joint inventor (if t on the invention
	NOVEL FORMULATIONS AN	D METHOD OF TREATMENT	
the specification of wh	ich (check only one item below):		
[]is attached hereto. OR			
	nited States application Serial No*10	726,752 or PCT International	·
Application Number applicable)	filed <u>02 December 2003</u> and	was amended on (MM/DD/YYYY) _	(if
I hereby state that I have amended by any amended	re reviewed and understand the contents ment specifically referred to above.	of the above-identified specification, i	ncluding the claims, as
I acknowledge the duty	to disclose information which is materia	al to natentability as defined in 27 CER	2 6 1 5 7
I hereby claim foreign priority be certificate or 365(a) of any PCT america, listed below and have a or of any PCT international appli	enefits under 35 U.S.C. §119 (a)-(d) or § international application which designate also identified below, by checking the being that of the property of the p	(365(b) of any foreign applications(s) ed at least one country other than the Use, any foreign application for patent of	for patent or inventor's Jnited States of
Prior Poreign Application	Country	Foreign Filing Date	
Number (s) 1. 0217493.6		(MM/DD/YYYY))	PRIORITY CLAIMED
2. 0217492.8	GB	29 July 2002	X
3. 0313801.3	GB	29 July 2002	X
4.	GB	13 June 2003	X
5.			
hereby claim the benefit under T	itle 35, United States Code §119(e) of a	Inv United States and States	
	Filing D	ate (MM/DD/YYYY)	on(s) listed below:
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTURNEY'S DOCKET
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PU4727-1

I hereby claim the benefit under 35. U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT A	APPLICATION or	PCT PARENT	APPLICATION

	s	TATUS (Check of	ne)	
U.S. Parent Application or PCT Parent Number	Parcnt Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
10/629/177	29 July 2003		Х	
<u> </u>				

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

Bonnie DEPPENBROCK 919 483 1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	PAMILY NAME	FIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BUXTON	IAN	RICHARD
1	INVENTOR'S	Signature		Dates
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
I	CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	GB
ľ	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & 21 CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
L	I	Five Moore Drive, PO Box 13398	·	
	FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CURRIE	Robin	
l	INVENTOR'S	Steming	<u> </u>	Deter
į .	SIGNATURE	All C		27-Apil-2004
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1	CITIZENŞHIP	DURHAM	NORTH CAROLINA, US	US
1 _	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Rescarch Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		Í
1	FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DELA-CRUZ	MYRNA	A
1	INVENTOR'S	Signature		Date
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	CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	CA
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3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GOODSON	GARY	WAYNE
	INVENTOR'S	Significant Name !	/ /	Dates
	SIGNATURE	May vayne 1	orean	27-April-2004
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	CITIZENSHIP	DUKHAM .	NORTH CAROLINA, US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	address	GlaxoSmitbKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

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21.2	FULL NAME OF INVENTOR	FAMILY NAME KAROLAK	FIRST GIVEN NAME	SECOND CIVEN NAME/INITIAL
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ĺ	CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	CA
4	POST OFFICE ADDRESS	GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
I '	ADDRESS		Research Triangle Park	North Carolina 27709, US
_	FULL NAME	Five Moore Drive, PO Box 1339		
2	OF INVENTOR	MALEKI	FIRST GIVEN NAME MEHRAN	SECOND GIVEN NAME/INITIAL
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4	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE A ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Research Thangle Park	North Carolina 27709, US
	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	IYER	VIJAY	MOHAN
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4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
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2	FULL NAME OF INVENTOR	FAMILY NAME MUPPIRALA	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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4	ADDRESS	GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	
2	OF INVENTOR	PARR	ALAN	SECOND GIVEN NAME/INITIAL FRANK
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	CITIZENSHIP	DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	CITY CAROLINA, US	STATE & 21F CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	7777 1 23444	Five Moore Drive, PO Box 13398	<u>-</u>	27,03,00
2	FULL NAME OP INVENTOR	SIDHU	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
_	INVENTOR'S	Signature	JAGDEY	SINGH
	SIGNATURE			· Date:
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	POST OFFICE	POST OFFICE ADDRESS	ESSEX, GB	AU
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY
i		Five Moore Drive, PO Box 13398	Research I riangle Park	North Carolina 27709, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SPANIE GRUPI
2	OF INVENTOR	STAGNER	ROBERT	SECOND GIVEN NAME/INITIAL ALLEN
ı	INVENTOR'S	Motors allustrano		
o F		CHY MUSHETTE		L 415012009
İ		DURHAM	STATE OR FOREIGN COUNTRY	COUNTRY OF CITEZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	NORTH CAROLINA, US	US
I		GlaxoSmithKline	Research Triangle Park	STATE & 21P CODE/COUNTRY
4		Five Moore Drive, PO Box 13398	Nesearch I Hangle Park	North Carolina 27709, US

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FULL NAME FAMILY NAME FIRST CIVEN NAME SECOND GIVEN NAME/NITTAL OF INVENTOR VIJAY-KUMAR **AKUNURI** VENKATA INVENTOR'S SIGNATURE 0 RESIDENCE & STATE OR POREIGN COUNTRY MISSISSAUGA COUNTRY OF CITIZENSHIP CITIZENSHIP ONTARIO, CA IN POST OFFICE ADDRESS
GlaxoSmithKline POST OFFICE STATE 4 ZIF CODE/COUNTRY ADDRESS Research Triangle Park North Carolina 27709, US Five Moore Drive, PO Box 13398

() Declaration submitted with initial filing or () Declaration submitted after initial filing (s.) As below named inventor.	:	•	First Named Inventor: BUXTON Complete If known: App No.:
() Declaration submitted after initial filing (:	: surcharge required 37CFR1.1	, 6(e))	
() Declaration submitted after initial filing (:	surcharge required 37CFR1.1	6(e))	
As below named inventor.		U(U))	Filing Date
As below named inventor.			Group Art Unit:
	I hereby declare that;		
My residence, post office address and	d citizenship are as stated belo	ow next to my name.	
l believe I am the original, first and s plural names are listed below) of the entitled:	ole inventor (if only one nam subject matter which is claim	e is listed below) or an original and for which a patent is so	, first and joint inventor aght on the invention
NOVEL	FORMULATIONS AND M	ETHOD OF TREATMENT	
the specification of which (check onl	y one item below):		
[]is attached hereto. OR	:		
[x] was filed on as United States ap	oplication Serial No. <u>*10/72</u>	6,752 or PCT Internation	al
Application Number filed applicable)	02 December 2003 and was	s amended on (MM/DD/YYYY)
I hereby state that I have reviewed an as amended by any amendment speci	nd understand the contents of fically referred to above.	the above-identified specificati	on, including the claims
I acknowledge the duty to disclose in	formation which is material t	o patentability as defined in 37	CFR §1.56.
I hereby claim foreign priority benefits under inventor's certificate or 365(a) of any PCT into States of America, listed below and have also certificate or of any PCT international applica	ernational application which of identified below, by checking tion having a filing date before	designated at least one country of the box, any foreign application on white that of the application on which	other than the United on for patent or inventor
PRIOR FOREIGN AND ANY PRIORITY Prior Foreign Application	CLAIMS UNDER 35 U.S.C	. 119: Foreign Filing Date	PRIORITY
Number (s)		(MM/DD/YYYY))	CLAIMED
1. 02 17 493.6 2. 0217 492.8	GB .	29 July 2002 29 July 2002	X
3. 0313801.3	GB	13 June 2003	- X
2. 02.5001.5			

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT

PIJ4727-1

APPLICATION WITH POWER OF ATTORNEY Continued

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in provided by the first paragraph of 35 U.S.C. §112, 1 acknowledge the duty to disclose information which is material to parentability as defined in 37 C.P.R. §1.56 available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

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PRIOR U.S. PARENT APPLICATIO	N of PCT PARENT APPLICATION	N .	STATUS (C	heck one)	
U.S. Parent Application or PCT Parent	Parent Filing Date	PATENTED	PENDING	ABANDONED	T
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10/629/177			Customer Numbers	provided below to pro-	secute t

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute t and to transact all business in the Patent and Trademark Office connected therewith Direct Telephone Calls to:

Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

Bonnie DEPPENBROCK 919 483 1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

V-12,	FULL NAME	tion or any patent issuing thereon.	FIRST GIVEN NAME IAN	SECOND GIVEN NAME/INITIAL RICHARD
!	OF INVENTOR	BUXTON	AAIT.	Date:
٥	SIGNATURE RESIDENCE &	city MISSISSAUGA	ONTARIO, CA	COUNTRY OF CHIZZINSHIP
1	POST OFFICE ADDRESS	Post Office Addrags GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	STATE & ZAP CORE/COUNTRY North Carolina 27709, US
	FULL NAME	FAMILY NAME	Pirst given name Robin	SYCOND GIVEN NAMOUNITIAL
2	OF INVENTOR. INVENTOR'S	CURRIE SIGNALUCE		Du4a:
0	RESIDENCE &	DURHAM	NORTH CAROLINA, US	COUNTRY OF CITEZENSEUP US STATE A ZIP CODE/COUNTRY
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2	OF INVENTOR	DELA-CRUZ Signature	MININ	Date
oʻ	SIGNATURE RESIDENCE &	GTY MISSISSAUGA	ONTARIO, CA	CA
3	POST OFFICE ADDRESS	FOST OFFICE ADDRESS GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	FULL NAME	Five Moore Drive, PO Box 13398 PANELY NAME GOODSON	PERT GIVEN NAME GARY	SECOND GIVEN NAME/INTELL. WAYNE
3.	OF INVENTOR'S	Signature	<u> </u>	Date:
0	RESIDENCE &	CITY DURHAM	NORTH CAROLINA, US	US STATE & ZIP CODE/COUNTRY
4	POST OFFICE ADDRESS	rost office appares GlaxoSmithKline Five Moore Drive, PO Box 13398	Crr? Research Triangle Park	North Carolina 27709, US

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	OF INVENTOR	KAROLAK	WLODZIMIERZ	SECOND GIVEN NAMEDINITIAL
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ŀ	POST OFFICE	POST OFFICE ADDRESS	ONTARIO, CA	CA
, I	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIY CODE COUNTRY
· }	1455450			North Carolina 27709, US
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2	FULL NAME OF INVENTOR	MALEKI	MEHRAN	SECOND GIVEN NAMEANITIAL
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		Five Moore Drive, PO Box 13398		1
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Ļ	CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	CA
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1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	<u> </u>	<u> </u>
ł	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
- 1	OF INVENTOR	MUPPIRALA	GOPAL	<u> </u>
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ı	CITIZENSHIP	DURHAM	NORTH CAROLINA, US	COUNTRY OF CHIZENSHIP US
ŀ	POST OFFICE	FOST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
\neg	FULL NAME	Family Name	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
ı	OF INVENTOR	PARR	ALAN	FRANK
Γ	INVENTOR'S	Segnature / 1	<u> </u>	Duct
L	SIGNATURE	Clarkrantar	<u>. </u>	Ø6May 2da4
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	Ethy MASZE	Five Moore Drive, PO Box 13398		
ł	FULL NAME OF INVENTOR	SIDHU	PIRST GIVEN NAME	SECOND GIVEN NAMIVINITIAL
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r	RESIDENCE &	CITY	STATE OF POREIGN COUNTRY	COUNTRY OF CTITIOENSHIP
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1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
T	FULL NAME	FAMILY PAME	YIRST GIVEN NAME	SECOND GIVEN NAMEZINITIAL
L	OF INVENTOR	STAGNER	ROBERT	ALLEN
	INVENTOR'S	Signature		Dase:
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	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
⊢	CITIZENSHIP	POST OFFICE ADDRESS	NORTH CAROLINA, US	US
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- 1	WALKET?	Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
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Rainen	OF INVENTOR	PAMILY NAME VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAMEZINITIAL VENKATA
	INVENTOR'S SIGNATURE	Signature		Dise:
. 0	RESIDENCE &	MISSISSAUGA	STATE OR YOREIGH COUNTRY ONTARIO, CA	IN
4	POST OFFICE ADDRESS	FOST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Cirv Research Triangle Park	STATE & ZIF CODE/COUNTRY North Carolina 27709, US

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

2.

Filing Date (MM/DD/YYYY)

ADDRESS

GlaxoSmithKline

Five Moore Drive, PO Box 13398

STATE & ZIF CODE COUNTRY

North Carolina 27709, US

CONBINED DECLARATION FOR UTILITY or DESIGN PATENT CATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUM PU4727-1 +

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, 1 acknowledge the duty to disclose information which is a material to assume that the prior United States or material to assume that the prior United States or material to assume that the prior United States or material to assume that the prior United States or material to assume that the prior United States or prior Unite material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT

PRIC	OR U.S. PARENT	[APPLICATIO	N or PCT PARENT	APPLICATION			
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יאוי	ED OF APPORTS						
TO WA	ek OF ATTORNE	Y: As a named in	ventor, I hereby appoint	t the practitioners ass	ociated with the	Customer Numbers	and the land
Custor	ner Number 23347	and to transact all t	ousiness in the Patent a	nd Trademark Office	connected ther	ewith	invided below to
		AND COSTOLIC MEDI	DCI 20402	•		<u></u>	
10016	ss an correspond	ence and telephon	e calls to Customer	Number <u>2334</u> 7		Direct Telephone Cal	ls to:
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				•		Bonnie Di	PPENBROCK
herel	by declare that all	statements made	herein of my own ki	owledge are true a	nd that all con	1 919 3000 000 000 1 1 1 1 5 5	483 1577
re be	lieved to be true;	and further that th	nerein of my own ki lese statements were nent, or both under	made with the kno	wieden the w	cilients inage on int	ormation and belie
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			samg mereon.	•			
2 .	FULL NAME OF INVENTOR	FAMILY NAME BUXTON		FIRST GIVEN NAME		SECOND GIVEN NAME	ANTONA
-	INVENTOR'S	Signature 21		IAN.		RICHARD	, a 11
	SIGNATURE	Janatere Lan	H Krist			Dates	
0	RESIDENCE &	CITY	- 1 Journ			17 March	2004
	CITIZENSHIP	HALTON HI	LLS	ONTARIO, CA	COUNTRY	COUNTRY OF CITIZENS	III
	POST OFFICE	POST OFFICE ADDR	ES\$	GTY CARTO, CA	<u> </u>	GB	
l	ADDRESS	GlaxoSmithK	line	Mississauga		STATE & ZIP CUDE/COL	NTRY
	<u>L</u>		iga Road North	1111351252111ga		Ontario L5N 6L	4, CA
	FULL NAME	FAMILY NAME		FIRST CIVEN NAME			<u> </u>
2	OF INVENTOR	CURRIE		Robin		SECOND GIVEN NAME	MITIAL
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2	ADDRESS	GlaxoSmithKl		City		STATE & ZIP COUR/COU	NYRY
		Five Moore D	ive, PO Box 13398	Research Trian	gle Park	North Carolina 2	7709, US
	FULL NAME	PAMILY NAME	We, PO Box 13398			Í	•
2	OF INVENTOR	DELA-CRUZ		FIRST GIVEN NAME		SECOND GIVEN NAME/	NITIAL
	INVENTOR'S	Signature		MYRNA		<u>A</u>	
	SIGNATURE	Julac	د مسمیم	•		Date	
٠. ١	RESIDENCE &	CHY		STATE OF FOREIGN C	(Allaberta)	COUNTRY OF CITIZENSE	2004
	CITIZENSHIP	BRAMPTON		ONTARIO, CA	OUNTRI	CA CA	1P
	POST OFFICE	POST OFFICE ADDRE	ss	CITY		STATE & ZIP CODE/COUR	
	ADDRESS	GlaxoSmithKli		Mississauga		Ontario L5N 6L4	CA.
	30	7333 Mississau	ga Road North	1 ' -		- munio Dair OD4	, CA
. İ	FULL NAME	FAMILY NAME		FIRST GIVEN NAME		SECUND GIVEN NAME/II	
٠ ,	OF INVENTOR	GOODSON		GARY		WAYNE	UTIAL
	INVENTOR'S SIGNATURE	Signature				Date:	
, f	RESIDENCE &	CITY	<u> </u>	<u> </u>			
Į	CITIZENSHIP	DURHAM		STATE OR FOREIGN CO	UNTRY	COUNTRY OF CITIZENSH	IP
·ŀ	POST OFFICE	POST OFFICE ADDRES		NORTH CARO	LINA, US	US	:-
. [ADDDDD	CIA	•	CITY		STATE A VIE CONVENTION	

Research Triangle Park

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11:11:03.	FULL NAME	FAMILYNAME	FIRST GIVEN NAME	SECOND GIVEN NAMEZINITIAL
معطنسسا	OF INVENTOR	KAROLAK	WLODZIMIERZ	SECOND GIVEN NAMEZINITIAL
	INVENTOR'S SIGNATURE	Signature / /7		Date:
o	RESIDENCE &	crist years	•	Man Je 17/2004 COUNTRY OF CITIZENSHIP
	CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	COUNTRY OF CITIZENSHIP
_	POST OFFICE	POST OFFICE ADDRESS	crn'	STATE & ZIF CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Mississauga	Ontario LSN 6L4, CA
		7333 Mississauga Road North		Omario Esti OCA, CA
2	FULL NAME	YAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INYFIAL
Z	OF INVENTOR	MALEKI Signature	WEHRAN	
	SIGNATURE	gaurv	6.	18 Harch 2014
0	RESIDENCE &	CITY D	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	NORTH YORK	ONTARIO, CA	CA COUNTRY OF CITICENSHIP
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Mississauga	Ontario LSN 6L4, CA
	Patro	7333 Mississauga Road North	1	251, 024, 64
2	FULL NAME	IYER	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
^	OF INVENTOR INVENTOR'S	Signature	VIJAY	MOHAN
	SIGNATURE	1 0 3 gre		Date:
0	RESIDENCE &	Signature 9 9 9 C	STATE OR FOREICN COUNTRY	18 March 2004
	CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	COUNTRY OF CITIZENSHIP
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
٦	VDDK#22	GlaxoSmithKline	Mississauga	Ontario L5N 6L4, CA
 i	FULL NAME	7333 Mississauga Road North		123, 232
2	OF INVENTOR	MUPPIRALA	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1	INVENTOR'S	Signature -	GOPAL	
	SIGNATURE	1 - 1/1/1	c-la	Date: 7/7 . 10/
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
· F	POST OFFICE	POST OFFICE ADDRESS	NORTH CAROLINA, US	US
4	ADDRESS	GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
٠,		Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	
2	OF INVENTOR	PARR	ALAN	SECOND GIVEN NAME/INITIAL FRANK
ł	INVENTOR'S	Signature		Date:
o F	SIGNATURE RESIDENCE &	CITY		
Ť	CITIZENSHIP	DURHAM	STATE OR FOREIGN COUNTRY	COUNTRY OF CULKENSHIP
·	POST OFFICE	POST OFFICE AUDRESS	NORTH CAROLINA, US	US
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Careling 27700 VIC
L		Five Moore Drive, PO Box 13398	angle I alk	North Carolina 27709, US
<u> </u>	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND CIVEN NAMEANITIAL
2'	OF INVENTOR INVENTOR'S	SIDHU	JAGDEY	SINGH
]	SIGNATURE	Signature		Date:
o F	RESIDENCE &	CITY	Criman	
	CITIZENSHIP	HARLOW	STATE OR FOREIGN COUNTRY ESSEX, GB	COUNTRY OF CITEZENSHIP
_, [POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIF CODE/COUNTRY
4'	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	1 :	27703, US
2	FULL NAME OF INVENTOR	STAGNER	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
<i>^</i> ⊢	INVENTOR'S	STAGNER Signature	ROBERT	ALLEN
	SIGNATURE	Aufternation of the second of		Date:
• F	RESIDENCE &	Criy	STATE OF VORMEN	<u> </u>
L	CITIZENSHIP	DURHAM	NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
, I		GlaxoSmithKline		SINIE & OIT COUNTRY
4	ADDRESS	Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME VIJAY-KUMAR Signaler	PIRST GIVEN NAME AKUNURI	SECOND GIVEN NAMEDINITIAL VENKATA
.0	SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	BRAMPTON POST OFFICE ADDRESS GlaxoSmithKline	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN STATE & 219 CODE/COUNTRY
<u> </u>		7333 Mississauga Road North	Mississauga	Ontario LSN 6L4, CA

MAY 2 8. 2004 (8)

TRANCES			
COMBINED DECLAR	ATION FOR UTILITY O	R DESIGN PATENT	ATTORNEYS DOCKET
	POWER OF ATTORNE		PU4727-1
APPLICATION WITH	(POWER OF ALLORINE)	4	First Named Inventor:
į.	· ·		BUXTON
e .			Complete 55 for sum
			Complete if known; App No.:
() Declaration submitted with initial	filing or		App No
() Declaration cubmitted after initial	filing (surcharge required 37CFR1.16(e))		1 . !
() Decimend from the men and the	mang (our arise be rederred as as served a))		Filing Date
		•	Group Art Unit:
	•		1 1
;			
As below named	inventor. I hereby declare that:		
' My residence, post office	address and citizenship are as stated be	low next to my name.	•
I believe I am the origina names are listed below) o	l, first and sole inventor (if only one nan f the subject matter which is claimed an	ne is listed below) or an original, f d for which a patent is sought on t	rst and joint inventor (if plural ne invention entitled:
	NOVEL FORMULATIONS	AND METHOD OF TREATME	NT
the specification of which	(check only one item below):	•	
[]is attached hereto.		•	. •
[x] was tiled on as Uni	ted States application Serial No. <u>*10/72</u>	26.752 or PCT International	
Application Number	filed 02 December 2003 and wa	as amended on (MM/DD/YYYY)	(if applica
I hereby state that I have any amendment specifica	reviewed and understand the contents of lly referred to above.	(the above-identified specification	, including the claims, as amende
I acknowledge the duty to	disclose information which is material	to natentability as defined in 37 Cl	PR 81.56.
, I describ wroden the daily in	i i i i i i i i i i i i i i i i i i i	10 passaudini, ab decaive 210 / 01	. 20 3 2 10 00
I hereby claim foreign priority ber	efits under 35 U.S.C. §119 (a)-(d) or §3	65(b) of any foreign applications	s) for patent or inventor's certific-
or 365(a) of any PCT international	l application which designated at least or	ne country other than the United S	tates of America, listed below an
have also identified below, by che	cking the box, any foreign application:fo	or patent or inventor's certificate or	of any PCT international applica
having a filing date before that of	the application on which priority is clain	ped;	
PRIOR FOREIGN AND ANY P	RIORITY CLAIMS UNDER 35 U.S.		
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY
Number (s)		(MM/DD/YYYY))	CLAIMED
1. 0217493.6	GB	· 29 July 2002	X
2, 0217492.8	GB	29 July 2002	×
3. 0313801.3	GB	13 June 2003	X
4.			
S. :		<u> </u>	
	itle 35, United States Code §119(e) of a		ation(s) listed below:
Application No.		te (MM/DD/YYYY)	<u> </u>
1. ,			
2.			

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PU4727-1

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of listed below and, insoftr as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to parentability as defined in 37 C.P.R. §1.56 available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION OF PCT PARENT APPLICATION	1			
U.S. Parent Application of PCT Parent Number (MM/DD/YYYY) 10/629/177 29 July 2003 POWER OF ATTORNEY: As a parent inventor 1 has been seen as a parent inventor 1 has a parent inventor 1 has been seen as a parent inventor 1 has a parent inv	PATENTED	STATUS (C	heck one) ABANDONED	

ventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute t and to transact all business in the Patent and Tradomark Office connected therewith Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

Bounie DEPPENBROCK

I bereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize

2	FULL NAME	PANGLY NAME	FIRST CIVEN NAME	
2	OF INVENTOR	BUXTON	IAN	SECOND GIVEN NAME/POTTAL
	INVENTOR'S	Signature .	1 2211	RICHARD
0	SIGNATURE			Date:
v	RESIDENCE &	CATY	STATE OR POREIGN COUNTRY	·
	CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	COUNTRY OF CHICKINSHIP
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CCTY	GB
-	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398		North Carolina 27709, US
2	FULL NAME	PAMPLY NAME	FREST GEVEN NAME	·
_	OFINVENTOR	CURRIE	Robin	SECOND CIVEN NAME/DITTAL
	INVENTOR'S	Signature	1 100014	<u> </u>
0	SIGNATURE			Dute;
v	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
	CITIZENSHIP	DURHAM	NORTH CAROLINA, US	COUNTRY OF CITEZENSER
2	POST OFFICE	POST OFFICE ADDRESS	CON CAROLINA, US	US
• ,	ADDRESS	GlaxoSmithKline	December 7	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	- research Triangle LALK	North Carolina 27709, US
	FULL NAME	PARKLY NAME	PORST GIVEN NAME	
2	OF INVENTOR	DELA-CRUZ	MYRNA	ALCOND CIVEN NAME/INITIAL
	INVENTOR'S	Bigustare	MIRINA	<u> </u>
	SIGNATURE			Date
ן כ	RESIDENCE &	CIY	STATE OR FOREIGN COUNTRY	<u> </u>
	CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	COUNTRY OF CITEMENSHIP
	POST OFFICE	POST OFFICE ADDRESS	CITY CA	.CA
•	address	GlaxoSmithKline		STATE & ZUP CODE/COUNTRY
_		Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
Ì	FULL NAME	PAMILY RAME		
	OF INVENTOR	GOODSON	FORST CHYEN NAME	SECOND GIVEN NAME ONITIAL
	INVENTOR'S	Signature	GARY	WAYNE
Į	_SIGNATURE	_		Pates
- 1	RESIDENCE &	CITY		
L	CITIZENSHIP	DURHAM	STATE OR FOREIGN COUNTRY	COUNTRY OF CITEZENSHIP
	POST OFFICE	POST OFFICE ADDRESS	NORTH CAROLINA, US	US
- 1	ADDRESS	GlaxoSmithKline	CITY	STATE & LIP CODE/COUNTRY
		Five Moore Drive PO Design	Research Triungte Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	.,	

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CE TRAIN	MAR		<u>-</u>	
	FULL NAME	FAMILY NAME	FORST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2,	OF INVENTOR	KAROLAK	WLODZIMIERZ	<u> </u>
• :	INVENTOR'S	Signature		Date;
0	SIGNATURE RESIDENCE &	CTTY	STATE OR FOREIGN COUNTRY	
υ.	CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	CA
•	POST OFFICE	POST OFFICE ADDRESS	GTY	STATE & ZIP CODE/COUNTRY
` 4	ADDRESS	GlaxoSmithKlipe	Research Triangle Park	North Carolina 27709, US
•	1 /02.000	Five Moore Drive, PO Box 13398	Research triangle Faix	North Caronna 27709, US
	FULL NAMB	FAMILY NAME	POLET GIVEN NAME	
2 ·	OF INVENTOR	MALEKI	MEHRAN	SECOND GIVEN NAME/INITIAL
•	INVENTOR'S	Signature	MERKAN	Dare:
	SIGNATURE			DIN:
0	RESIDENCE &	CYTY	STATE OR POREIGN COUNTRY	COUNTRY OF CHIZENSHIP
•	CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	CA
	POST OFFICE	POST OFFICE ADDRESS	CDY.	STATE & EU CODE/COUNTRY
4	address	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	1	Five Moore Drive, PO Box 13398		1
•	FULL NAME	FAMILY NAME	FIRST CIVEN NAME	SECOND GIVEN NAME/DITTIAL
2	OF INVENTOR	IYER	VIJAY	MOHAN
	INVENTOR'S	Signature		Dates
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O .	RESIDENCE &	CITY	STATE OR PORFIGN COUNTRY	COMMINA OF CHINNISHS
	CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	CA
4	POST OFFICE	Clarate Address	CTTY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2 · ·	FULL NAME OF INVENTOR	MUPPIRALA	FIRST GIVEN NAME	SECOND CIVER HAMEUNITAL
4	INVENTOR'S	Skantury	GOPAL	
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٥	RESIDENCE &	CTTY	SCATE OR POSESCH COUNTRY	COUNTRY OF CITIZENSHIP
•	_ CITIZENSHIP	DURHAM	NORTH CAROLINA, US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY .	STATE & ZIT CODEACOUNTRY
4.,	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAMS	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/ENITIAL
2 '	OP INVENTOR	PARR	ALAN	FRANK .
•	INVENTOR'S	Signature	· · · · · · · · · · · · · · · · · · ·	Date:
_	SIGNATURE		<u> </u>	· .
0	RESIDENCE & CITIZENSHIP	DURHAM	STATE OR POREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE	POST OPPICE ADDRESS	NORTH CAROLINA, US	STATE A ZIP CODEACOUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
•		Five Moore Drive, PO Box 13398	According Allangie Park	MOTHIC CAPOLLIA 27709, 03
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVER NAME/NUTTAL
2	OF INVENTOR	STOHU	JAGDEV	SINGH
_	INVENTOR'S	Signature	<u> </u>	Dates
	SIGNATURE	Staller	:	COUNTRY OF CITIZENSHIP
0.	RESIDENCE &	CITY	STATE OR FUREIGN COUNTRY	CODNAMA OR CLITERINGHID
•	CITIZENSHIP	HARLOW	ESSEX, GB	AU
	POST OFFICE	POST OFFICE ADDRESS	CITTY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
_	FULL NAME	PAMILY NAME	PERST CIVEN NAME	SECOND CIVEN NAME/INITIAL
2.	OF INVENTOR	STAGNER	ROBERT	ALLEN
	INVENTOR'S	Signature		Dater
ا . ۸	SIGNATURE	CITY		
٠ ،	RESIDENCE & CITIZENSHIP	DURHAM	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ا : ا	POST OFFICE	POST OFFICE ADDRESS	NORTH CAROLINA, US	US
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
,		Five Moore Drive, PO Box 13398	wasenten timesic rain	1191111 Catolina 2//97, OB
	·	4 1-10010 DITTE, FO BUL 13398		<u></u>

→ RTP PATNO. 3851 P. 293/005

2.	FULL NAME OF INVENTOR	PAMILY NAME VIJAY-KUMA'R	PIRST, GIVEN NAME AKUNURI	SECOND GIVEN NAMEZINITIAL VENKATA	7
•	INVENTOR'S SIGNATURE	Signature		Petc	7
. 0	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	ONTARIO, CA	COUNTRY OF CHTEZENSHIP IN	
4.	POST OFFICE ADDRESS	FOST OFFICE ADDRESS GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US	•
	·	Five Moore Drive, PO Box 13398	·		

POADEMARCH			ATTORNEY'S DOCKET
COMBINED DECLARA	TION FOR UTILITY OR	DESIGN PATENT	PU4727-1
APPLICATION WITH I	POWER OF ATTORNEY		First Named Inventor: BUXTON
) Declaration submitted with initial fili	ing or		Complete if known: App No.:
		(e))	Filing Date
) Declaration submitted after initial	al filing (surcharge required 37CFR1.16(-,,	Group Art Unit:
As below named in	nventor. I hereby declare that:		
My residence, post office ac	ddress and citizenship are as stated belov	w next to my name.	
	first and sole inventor (if only one name ow) of the subject matter which is claime	ic listed below) or an original.	first and joint inventor (if the control on the invention
	NOVEL FORMULATIONS AND M	ETHOD OF TREATMENT	
the specification of which ((check only one item below):		
Application Number	d States application Serial No. <u>*10/726</u>		
amended by any amendme	eviewed and understand the contents of t ant specifically referred to above.		
I acknowledge the duty to	disclose information which is material to	patentability as defined in 37	CFR §1.56.
I hereby claim foreign priority bene certificate or 365(a) of any PCT int America, listed below and have als	efits under 35 U.S.C. §119 (a)-(d) or §36 ternational application which designated o identified below, by checking the box, ation having a filing date before that of the second of the	is(b) of any foreign application at least one country other than any foreign application for pat- ne application on which priority	s(s) for patent or inventor's the United States of cnt or inventor's certificate
PRIOR FOREIGN AND ANY P	RIORITY CLAIMS UNDER 35 U.S.C Country	Foreign Filing Date	PRIORITY
Prior Foreign Application Number (s)	Country	(MM/DD/YYYY))	CLAIMED_
1. 0217493.6	GB	29 July 2002	X X
2. 0217492.8	GB	29 July 2002	<u>x</u>
3. 0313801.3	GB	13 June 2003	
4.			
		The desired Spaces and Spaces and Spaces	plication(s) listed below:
I hereby claim the benefit under T	itle 35, United States Code §119(e) of an	ny United States provisional ap	nicadon(s) tiske boton.
Application No.	Filing Da	te (MM/DD/YYYY)	
1.		<u> </u>	
2.			
3.			

MBINED DECLARATION FOR UTILITY or DESIGN PATENT PPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET

PU4727-1

I hereby claim the benefit under 35, U.S.C. \$120 of any United States application or \$365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application;

PRIOR U.S. PARENT APPLICATION of PCT PARENT APPLICATION STATUS (Check one) ABANDONED PENDING PATENTED Parent Filing Date U.S. Parent Application or PCT Parent (MM/DD/YYYY) Number 29 July 2003 10/629/177

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

Customer Number 23347 and Customer Number 20462 Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

Bonnie DEPPENBROCK 919 483 1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

		PAMILY NAME	FIRST CIVEN NAME	SECOND GIVEN HAMEANITIAL
	FULL NAME	BUXTON	IAN	RICHARD
2	OF INVENTOR	Signature		Dates
	INVENTOR'S SIGNATURE			
- 1		CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
۰	RESIDENCE &	MISSISSAUGA	ONTARIO, CA	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODECOUNTRY
	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1	ADDRESS	Five Moore Drive, PO Box 13398		
_		PANILY NAME	FIRST GIVEN NAME	SPCOND CIVEN NAME/INITIAL
	FULL NAME	CURRIE	Robin	
2	OF INVENTOR	Signatur	W 700.	Date:
	INVENTOR'S	Signature (27-Api1-2004
	SIGNATURE	CID	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	DURHAM	NORTH CAROLINA, US	STATE & ZIP CODE/COUNTRY
	CITIZENSHIP	POST OFFICE ADDRESS	CVTY	STATE & ZIP COBECUNIES
_	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
2	ADDRE22	Five Moore Drive, PO Box 13398	<u> </u>	
		FAMILY NAME	FIRST GIVEN NAME	SECOND CIVEN NAME/ENITIAL
	FULL NAME	DELA-CRUZ	MYRNA	A
2	OF INVENTOR	Signature Signature		Date
	INVENTOR'S	SEMMIN		
	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	MISSISSAUGA	ONTARIO, CA	CA
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
3	ADDRESS	Five Moore Drive, PO Box 13398	<u></u>	
		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
_	FULL NAME	GOODSON	GARY	WAYNE
2	OF INVENTOR		10	27- April-2004
	INVENTOR'S	Some barne	lovelson	2-1- HPX.L-2007
	SIGNATURE	cry /	I STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	DURHAM	NORTH CAROLINA, US	US
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
4	ADDRESS	Five Moore Drive, PO Box 13398		<u> </u>
		FIVE MIGORE DITIVE, I O DOX 13350		

				SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME WLODZIMIERZ	SECOND GIVENING BEAUTIFUL STREET
2	OF INVENTOR	KAROLAK	WEODZIMIEKZ	Date
	INVENTOR'S	Signature		
, l	SIGNATURE	CUA	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
٥	RESIDENCE & CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	<u>CA</u>
i	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIF CODP/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FORST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MALEKI	MEHRAN	Date:
_	INVENTOR'S	Signature		Delt.
	SIGNATURE		STATE OR PORPICE COUNTRY	COUNTRY OF CITIZENSIIP
0	RESIDENCE &	MISSISSAUGA	ONTARIO, CA	CA
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
4	ADDRESS	Five Moore Drive, PO Box 13398		
	THE NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	FULL NAME OF INVENTOR	IYER	VIJAY	MOHAN
2	INVENTOR'S	Signature		Date
	SIGNATURE_			COUNTRY OF CITIZENSIND
0	RESIDENCE &	CITY	STATE OR FORBIGN COUNTRY	CA
-	CITIZENSHIP	MISSISSAUGA	ONTARIO, CA	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	Research Triangle Park	North Carolina 27709, US
4	ADDRESS	GlaxoSmithKline	vedegren triminging and	J
		Five Moore Drive, PO Box 13398	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME MUPPIRALA	GOPAL	
2	OF INVENTOR	MUPPIKALA GO7A2		Date:
	INVENTOR'S SIGNATURE	CALCULATION OF THE PARTY OF THE		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CHIZENSHIP
v	CITIZENSHIP	DURIIAM	NORTH CAROLINA, US	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	City Decemb Triongle Park	North Carolina 27709, US
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	1402 64 0410 4110 4110 4110
		Five Moore Drive, PO Box 13398	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	ALAN	FRANK
2	OF INVENTOR	PARR	T. C.	Date:
	INVENTOR'S	Signature		
_	SIGNATURE	CITY	STATE OR POREIGN COUNTRY	COUNTRY OF CHTZENSITE
0	RESIDENCE & CITIZENSI IIP	DURHAM	NORTH CAROLINA, US	STATE & ZIP CODEACOUNTRY
	POST OFFICE	POST OFFICE ADDRESS	CITY	North Carolina 27709, US
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	140Eth Caromia 27703, 03
•	1	Five Moore Drive, PO Box 13398		SECOND GIVEN NAME/INITIAL
	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SINGH
2	OF INVENTOR	SIDHU	JAGDEV	Dete
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	CITIZENSHIP	HARLOW POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
_	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
4	ADDRESS	Five Moore Drive, PO Box 13398	s	
	THE NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND CIVEN NAME/INITIAL
2	FULL NAME OF INVENTOR	CTACNED.	ROBERT	ALLEN
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•	CITIZENSHIP	DURHAM	NORTH CAROLINA, US	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	Research Triangle Park	North Carolina 27709, US
	ADDRESS	GlaxoSmithKline		
4		Five Moore Drive, PO Box 1339		

2	FULL NAME OF INVENTOR INVENTOR'S	PAMILY NAME VIJAY-KUMAR Signature	MRST GIVEN NAME AKUNURI	VENKATA Dais:
0	SIGNATURE RESIDENCE & CITIZENSHIP	MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN STATE & ZIP CODE/COUNTRY
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

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M 15-8-100 T. SB . PA 15:130W	GLAXO WELLCOME		P.17/29
51			ATTORNEY'S DOCKET
3°/	CION FOR UTILITY OR DES	IGN PATENT	PU4727-1
OMBINED DECLARA	TION FOR UTILITY OR DES		First Named Inventor.
PPLICATION WITH P	OWER OF ATTORNEY	·	BUXTON
•			Complete if known:
		,	App No.:
) Declaration submitted with initial filln	ng of	•	
Decignation apprinted	37(FR1.16(e))		Filing Date
) Declaration submitted after initial	I filing (surcharge required 37CFR1.16(e))		Group Art Unit:
he helow named in	ventor. I hereby declare that:		
AS DEION LIMINA	the arm as crated below next	i to my name.	
My residence, post office ad	ddress and citizenship are as stated below next		i i i i i ntor (if
I believe I am the original, f plural names are listed below	first and sole inventor (if only one name is list ow) of the subject matter which is claimed and	ted below) or an original, I for which a patent is sou	, first and joint inventor (in ight on the invention
	NOVEL FORMULATIONS AND METHO	OD OF TREATMENT	
the specification of which ((check only one item below):		
[]is attached hereto.			
	- 151 A10/776 757	or PCT Internation	nal
[x] was filed on as Unite	ed States application Serial No. *10/726,752	-	
application Number	filed 02 December 2003 and was ame	inded on (MM/DD/YYTE	Y)
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the district	o disclose information which is material to pat	tenrability as defined in a	7 CFK §1.50.
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towish priority ber	nefits under 35 U.S.C. §119 (a)-(d) or §365(b)) of any totelen approprie	~ other than the United
inventor's certained or service listed below an	nd have also identified below, by checking the ional application having a filing date before the property CLAIMS UNDER 35 U.S.C. 11	box, any initiation on V	which priority is claimed:
States of America, and	ional application having a filing date perore u	18t of the abbuse	
CETUTICALE OF CO. S.	I NOK.	Foreign Filing Date	1 11/10/100
Prior Foreign Application	Country	(MM/DD/YYYY))	CLAIMED
Number (s)		29 July 2002	X
1. 0217493.6	GB	29 July 2002	X
2. 0217492.8	GB	13 June 2003	X
3. 0313801.3	GB	10 00	
4	†		
4.	Title 35, United States Code §119(e) of any U	· · Conteg provisional	annlication(s) listed below
3.	Title 35, United States Code §119(e) of any C	JUKSO PIRICA PLOATION	аррич
I hereby claim the ochers and	Filing Date ()	MM/DD/YYYY)	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PU4727-1

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of litted below and, insofar as the ambject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application is provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentiability as defined in 37 C.P.R. §1.56 available between the filing date of the prior application(s) and the national or PCF international filing date of this application:

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute t and to transact all business in the Patent and Trademark Office connected therewith

Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

Bonpie DEPPENBROCK 919 483 1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

E ASTITU		pamily name	FIRST GIVEN NAME	SECOND GIVEN RAME/PUTTAL RICHARD
2	FULL NAME OF INVENTOR	BUXTON	IAN	Date:
-	INVENTOR'S	Signature		
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•	100.000	Five Moore Drive, PO Box 13398		SECOND GIVEN NAME/INITIAL
	FULL NAME	PANTLY NAME	MYRNA	A
2	OF INVENTOR	DELA-CRUZ	WIKIK	Date
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-		Five Moore Drive, PO Box 13398	PILST GIVEN NAME	SECUMP GIVEN NAME/ENTITAL
	FULL NAME	FAMILY NAME	GARY	WAYNE
2	OF INVENTOR	GOODSON	UMIX	Dates
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4	address	Five Moore Drive, PO Box 13398		SECOND GIVEN NAMEZNITIAL
		FAMILY NAME	FIRST GIVEN NAME	MOHAN
	FULL NAME	IYER	VIJAY	Date:
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4	ADDRESS	Five Moore Drive, PO Box 13398		SECOND GIVEN NAME INITIAL
	<u> </u>	PAMILY NAME	LIKEL CLARIS WANTE	Mraup gram harman
	FULL NAME	MUPPIRALA	GOPAL	Date:
2	OF INVENTOR	Signature	·	pac.
	INVENTOR'S	Grg.massar. s		COUNTRY OF CITIZENSHIP
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	CITIZENSHIP	POST OFFICE ADDRESS	Research Triangle Park	North Carolina 27709, US
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2	OF INVENTOR	Signature / 57		OLMAY 2004
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	SIGNATURE	CITY	NORTH CAROLINA, US	l us
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4	ADDRESS	ClavoSmithKline		
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_	OF INVENTOR	~~6.7771	JAGDEV	Deta
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}		Five Moore Drive, PO Box 133	PIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	FAMILY PAME	ROBERT	ALLEN
١.,	OF INVENTO		KODEKI	Date:
2	INVENTOR'			
1	SIGNATURE		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE	6 CITY	NORTH CAROLINA, U	S US
1	CTTIZENSHI	DURHAM	CYTY	
1	POST OFFIC	C POST OFFICE ADDRESS	Research Triangle Park	North Carolina 27709, US
١.	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 133		
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	OF INVENTOR	FAMILY NAME VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA Date:
0	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	MISSISSAUGA	STATE ON FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CRITZENSHIP IN STATE & ZIP CODE-COUNTRY North Carolina 27709, US
4	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	Horri Caronau 2

12:21PM GLAXO WELLCOME P.21/29 DECLARATION FOR UTILITY OR DESIGN PATENT ATTORNEY'S DOCKET PU4727-1 ON WITH POWER OF ATTORNEY First Named Inventor: BUXTON **GlaxoSmithKlind** Corporate iP Complete if known: Received BRENTFO λpp No.: () Declaration submitted with initial filing or 2 3 MAR 2004 () Declaration submitted after initial filling (surcharge required 37CFR1.16(c)) Filing Date ATTY: ADMIN: Group Art Unit 1PM : N/A ON UPDATED ON: ATTY CHECKED TOLE As below named inventor. I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: NOVEL FORMULATIONS AND METHOD OF TREATMENT the specification of which (check only one item below): []is attached hereto. OR [x] was filed on as United States application Serial No. <u>*10/726,752</u> or PCT International filed 02 December 2003 and was amended on (MM/DD/YYYY) Application Number (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56. I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is

Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMEI
GB	29 July 2002	X
CB	29 July 2002	X
GB	13 June 2003	X
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I hereby claim the benefit under Title 35, United S	States Code §119(e) of any United States provisional application(s) listed below:
Application No.	Filing Date (MM/DD/YYYY)
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MAY 2 8 2004 MAY 28 '04 12:21PM GLAXO WELLCOME

COMBINED DECLARATION FOR UTILITY OF DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PU4727-1

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(e) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112. I acknowledge the duty to disclose information which is material to paternability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	or PCT PARENT APPLICAT	STATUS (Check one)		оле)
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stomer Number 23347 and Customer Number	er 20462			
stomer Number 23347 and Customer Number idress all correspondence and telephone	er 20462	347	Direct Telephone Ca	lls to:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAMEZINITIAL
2	OF INVENTOR	BUXTON	IAN	RICHARD
2	INVENTOR'S	Clanarana		Date:
	SIGNATURE	Jan 1 Bullon		17 March 2004
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"	CITIZENSHIP	HALTON HILLS	ONTARIO, CA	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Mississauga	Ontario L5N 6L4, CA
-		7333 Mississauga Road North		<u> </u>
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CURRIE	Robin	<u> </u>
-	INVENTOR'S	Signature		Date:
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•	CITIZENSHIP	DURHAM	NORTH CAROLINA, US	STATE & ZIP COUR COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	CITY	North Carolina 27709, US
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 21709, 03
		Five Moore Drive, PO Box 13398		
	PULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DELA-CRUZ	MYRNA	Α
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	POST OFFICE	POST OFFICE ADDRESS	Mississauga	Ontario L5N 6L4, CA
3	ADDRESS	GlaxoSmithKline	WW33339anRa	1
		7333 Mississauga Road North		SECUND GIVEN NAME/INITIAL
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME GARY	WAYNE
2	OF INVENTOR	GOODSON	GARI	Date
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O	RESIDENCE &	CITY	NORTH CAROLINA, US	US
	CITIZENSHIP	DURHAM POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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2	OF INVENTOR	KAROLAK	WLODZIMIEKZ	Date: .
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\neg	FUIL NAME	FAMILY NAME	VIJAY	MOHAN
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U	CITIZENSHIP	DURHAM		STATE & ZIP CODE/COUNTRY
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_	FULL NAME		ALAN	
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0	OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	PARR Signature CITY DURHAM POST OFFICE ADDRESS GlaxoSmithKline	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US CITY Rescarch Triangle Park	Date: COUNTRY OF CITIZENSHIP US
	OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	PARR Signature CITY DURHAM POST OFFICE ADDRESS GlaxoSmithKline	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US CITY Rescarch Triangle Park	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US
0	OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	PARR Signature CITY DURHAM POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 1339	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US CITY Rescarch Triangle Park	COUNTRY OF CITIZENSHIP US STATE A ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL
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2	FULL NAME OF INVENTOR	PAMILY NAME VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	VENKATA
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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT	ATTORNEY'S DOCKET PU4727-1
COMBINED DECLARATION FOR UTILITY OF APPLICATION WITH POWER OF ATTORNEY	First Named Inventor. BUXTON
	Complete if known: App No.:
() Declaration submitted with initial filing or	
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))	Filing Date

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL FORMULATIONS AND METHOD OF TREATMENT

the specification of which (check only one item below) :
[]is attached hereto.	
	No. *10/726.752 or PCT International
OR [x] was filed on as United States application Serial	No
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	e contents of the above-identified specification, including the claims, as amend
I hereby state that I have reviewed and understand th	e contents of the above-laminatory
any amendment specifically referred to above.	· ·
ally difficulty.	Little on defined in 37 CFR 61.56.
I sales avaladae the duty to disclose information which	h is material to patentability as defined in 37 CFR §1.56.
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hereby claim foreign priority benefits under 35 U.S.C. §119 or 365(a) of any PCT international application which designs	(a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificated at least one country other than the United States of America, listed below at specification for patent or inventor's certificate or of any PCT international application for patent or inventor's certificate or of any PCT.

have also identified below, by checking the box, any foreign application for patent or inventor's certificate or having a filing date before that of the application on which priority is claimed: PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: PRIORITY Foreign Filing Date Country CLAIMED Prior Foreign Application (MM/DD/YYYY)) X Number (s) 29 July 2002 GB 1. 0217493.6 29 July 2002 GB 13 June 2003

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- 1	S A Glaten provisional application(s) listed below:
	5. Tiele 35 United States Code §119(e) of any United States provisional apparatus
	5. I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Filing Date (MM/DD/YYYY)
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COMBINED DECLARATION FOR UTILITY OF DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PU4727-1

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to paragraph of 35 U.S.C. §112, I acknowledge

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute t and to transact all business in the Patent and Trademark Office connected therewith

Customer Number 23347 and Customer Number 20462

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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4	A DD10000	Five Moore Drive, PO Box 1339	FIRST GIVEN NAME	SECOND GIVEN NAME/DISTIAL
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